

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/23/03.

## **I. DISPUTE**

- Whether there should be additional reimbursement, to the injured worker for out-of-pocket expenses, on dental care ('Replacement through dental implants of teeth, #8, #9 and #10 including crowns') rendered on dates of service (DOS) 11/6/02 and 5/7/03.
- The respondent's response to MDR was received on 10/15/03. Their statement, in defense of full reimbursement, was located on the 'Table of Disputed Services.'  
"The \$1,850.00 was paid by the claimant's health insurance. She can not request reimbursement for anything that is not paid out-of-pocket. In an effort to resolve this issue, carrier has at this time sent a reimbursement check to the claimant in the amount of \$2,065.49, which is full reimbursement minus paid. This amount is based on the medical fee guideline. The claimant is not entitled to any reimbursement above the fee schedule, nor is she entitled to interest. Nothing on the statement even showed she paid with a credit card. In short, the claimant can not be reimbursed for any monies that are not directly out-of-pocket or above the fee schedule."
- The respondent determined a per 'fee schedule' rate to reimburse the claimant, however, the methodology was not supported.

## **II. RATIONALE**

- Preauthorization was given on 11/21/01 for the "Restoration through dental implants of teeth, #8, #9, and #10 including crowns," The process of completing implants includes:
  - a) bone grafts (for each tooth);
  - b) ridge augmentation procedures (preparation of the bone area to make the ridge wider to be able to hold the implant);
  - c) and tissue regeneration (tissue surrounding the implant, to guarantee/ensure tissue growth).These procedures are performed six months prior to the completion of the implant to allow the grafted bone to mature. Upon completing the implant, the doctor uses a surgical stent, a precise guide, to direct the alignment of the implant position with the adjacent teeth.

- The injured worker submitted the disclosure from \_\_\_ on behalf of \_\_\_ and Dental Fee (payment) Plan, showing that this is not 'health insurance' but a loan incurred by the injured worker. The amount of \$1,850.00 was applied toward the preparatory cost for DOS 11/6/02, out-of-pocket expense. On 5/7/03, the accounting/ledger (Account History) from \_\_\_ clinic shows a payment was made by the injured worker in the amount of \$4,122.80. Again, a copy of the charge with MBNA America is in file, verifying out-of-pocket expenses for the claimant for her on-the-job injury.
- Total preparation cost billed for DOS 11/6/02 was \$1,500.00. Per the 'Audit of Medical Charges' (EOB), by \_\_\_ dated 5/22/03, \$1,407.00 was paid per 'fee guideline MAR reduction' for DOS 11/6/02. Per the Dental Fee Guideline rule 134.302 (c), dental services are reimbursed at fair and reasonable, there is not a MAR (fee guideline) for this service. Therefore the additional amount due for DOS 11/6/02 is \$93.00.

Amount paid by injured worker: \$1,500.00

Amount paid by insurance carrier: \$1,407.00

*Additional amount due to injured worker: \$ 93.00 for DOS 11/6/02.*

- The respondent's letter to TWCC dated 10/24/03 noted rationale for the additional payment of \$2,065.49 sent to the injured worker for her out-of-pocket expenses. Per TWCC Rule 134.302(c), all dental care shall be reimbursed per fair and reasonable, there is not a 'fee schedule amount.' As well, TWCC Rule 133.307 (j)(2) does not allow the carrier to change their defense after MDR receives a dispute. This dispute was received by MDR on 9/23/03. Per TWCC rule 134.302 (e)(1&2) Dental Fee Guideline and rule 134.600 (h)(16), preauthorization received, the primary procedure is reimbursable at 100%, and 50% thereafter. Therefore, additional reimbursement for DOS 5/7/03 is \$1,839.51.

Primary Procedure: \$1,870.00 (1<sup>st</sup> ) 100%

Secondary Procedure: +935.00 (2<sup>nd</sup> ) 50%

+935.00 (3<sup>rd</sup> ) 50%

+165.00 (stent)

\$3,905.00 (Amount paid by injured worker, DOS 5/7/03.)

-2,065.49 (Amount carrier paid to injured worker.)

*Additional recommended: \$1,839.51 (Amount for DOS 5/7/03).*

- In summation, the injured worker submitted documentation supporting two finance transactions, to make payments to her dental account. Total additional reimbursement to the injured worker for out-of-pocket expenses is recommended, amount due \$1,932.51 (\$93.00 for DOS 11/6/02, and \$1,839.51 for DOS 5/7/03=\$1,932.51).

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for 'Replacement through dental implants #8, #9 and #10,' in the amount of \$1,932.51. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,932.51** to the Requestor, the injured worker, within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 14<sup>th</sup> day of June 2004.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

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